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ARTICLE



## Efficacy of a Sexual Abuse Prevention Program with Children on an Indian Reservation

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### ABSTRACT

American Indian youth experience high rates of child sexual abuse (CSA). To date, however, we are aware of no programs that have assessed outcomes associated with an evidence-based CSA prevention program among American Indian children. The purpose of the proposed study was to assess the preliminary acceptability and efficacy of *IMpower*, a 12-hour curriculum that teaches children how to identify their anatomy, recognize risk, say “no,” and tell others if they are being hurt. Using a non-randomized, single-arm pilot trial methodology (N = 48 4th and 5th graders), we found that some domains of children’s knowledge of CSA as well as their efficacy to resist an attack increased from pre- to posttest. Moreover, 83% of children reported that they liked *IMpower*, and 96% of children reported that *IMpower* helped keep them safe. These data provide preliminary evidence that *IMpower* is an acceptable and effective CSA prevention initiative that requires further evaluation with American Indian children.

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Child sexual abuse (CSA), which includes engaging in sexual activities with an individual under the age of 18 who is not developmentally able to consent (Haugaard, 2000; Mathews & Collin-Vézina, 2017), is a pernicious issue impacting communities across the U.S. An estimated 1 in 5 girls and 1 in 20 boys is the victim of child sexual abuse (Finkelhor et al., 2014). Research using data from the child welfare system shows that among cases that involve American Indian children, roughly 22% involve CSA (Landers et al., 2017). In a study of American Indian children in the Southwestern United States, researchers documented that 49% of girls and 14% of boys reported histories of CSA and that 78% of CSA was intrafamilial (Robin et al., 1998). The high rates of CSA among American Indian children are rooted historical trauma, such as substance abuse, family dysfunction, community poverty, and other adversities that increase the risk for CSA (EchoHawk & Santiago, 2007). Also, the federal government forced American Indian children to attend boarding schools, which led to the eradication of traditional child-rearing practices and

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the emergence of harsh physical discipline and sexual exploitation (EchoHawk & Santiago, 2007). Strategies to prevent CSA, particularly in American Indian communities, are therefore critical.

School-based prevention programs have become a prominent strategy to prevent CSA in the United States and globally (Walsh et al., 2018; Zeuthen & Hagelskjaer, 2013). Research shows that school-based programs increase CSA prevention-related knowledge, self-protection skills, and self-esteem among participants (Zeuthen & Hagelskjaer, 2013). Most programs cover similar topics including identifying anatomy, recognizing uncomfortable situations involving touching, being assertive when uncomfortable, not having to keep secrets, and discouraging self-blame for victimization (Lynas & Hawkins, 2017; Walsh et al., 2018). A recent meta-analysis of 24 CSA prevention program evaluations found that school-based CSA prevention programs are effective in increasing questionnaire-based knowledge and protective behaviors among children (Walsh et al., 2018). Moreover, there is no evidence to suggest that CSA prevention programs increase fear or anxiety (Walsh et al., 2018).

Despite the promise of school-based CSA prevention programs for children, we are not aware of any research that has specifically examined the impact of an evidence-based CSA prevention program among American Indian children. Given the high rates of CSA among American Indian children, there is an urgency to identify effective CSA prevention strategies for this population. One promising CSA prevention program that has yet to be evaluated is *IMpower*, a 12-hour curriculum that teaches elementary school children how to identify their anatomy, recognize risk, say “no,” and tell others if they are being hurt. Central to the curriculum is self-defense. Regardless of the session’s topical focus, every session involves some skill-building related to self-defense (e.g., screaming “No,” running away). The curriculum is grounded in underlying CSA prevention strategies that include age appropriate concepts like self-worth, the importance of personal agency, identifying appropriate and inappropriate touch, using anatomically correct language, and encouraging the disclosure of violence. The *IMpower* program aligns with Tribal values such as bravery and perseverance, which was one of the reasons the participating Tribe wished to implement and evaluate this specific program.

The *IMpower* curriculum was developed by No Means No Worldwide, a not-for-profit organization that has been implementing child sexual abuse and sexual assault prevention programming in East Africa since 2012. *IMpower* has a mixed gender program for elementary school children, as well a dual gender program for middle and high school students. Although the elementary school curriculum has not been evaluated to date, results from cluster randomized control trials in Kenya and Malawi suggest that the middle and high school *IMpower* program leads to reductions in sexual assault victimization and increases in efficacy to resist a sexual assault and self-defense knowledge among adolescent girls (Baiocchi et al., 2017; Decker et al., 2018; Sarnquist et al., 2014).

The purpose of the current study was to assess the preliminary acceptability and efficacy of *IMpower* using a non-randomized, single-arm pilot trial methodology. We hypothesized that children's knowledge of CSA and efficacy to resist an attack would increase significantly from pre- to posttest. We also hypothesized that most children would report liking the program and that children would report that they felt the program helped them stay safe. In this paper, we present data on the outcomes associated with the elementary school program that was implemented with 4th and 5th grade children on an Indian Reservation in the Great Plains region of the United States. The outcomes for the middle and high school girls' program are presented elsewhere (Edwards, Siller, Wheeler et al., 2020). Tribal Council members, Tribal Health Board members, school personnel, parents/guardians, and community members of the Indian reservation selected *IMpower* as the program they felt held the most promise for their community.

## Method

### Overview

Children completed surveys prior to and six months after the implementation of the *IMpower* program. We did not use random assignment given that there could be contamination effects in addition to the fact that our school and community partners felt that it was inappropriate to withhold the program from some children in the school. Prior to the implementation of the program, community members, including youth, provided feedback on the programming in order to make several adaptations to ensure its community relevance. This included the infusion of local language into the curriculum and adapting scenarios. Program facilitators completed an intensive 4-week (160 hour) training that included education on CSA, procedures for reporting abuse, how to handle disclosure, and how to effectively teach self-defense strategies. In the current study, the facilitators consisted of diverse female-identified individuals from all over the world, including American Indian women. All research procedures were approved by the University of New Hampshire Institutional Review Board as well as Tribal Council and the Health Board on the Indian Reservation. Finally, the President of the Tribe approved the publication of these data.

### Participants

Participants were 48 students in 4th or 5th grade living on an American Indian Reservation in the Western Plains who completed baseline and six-month posttest surveys during the 2018–2019 academic year. In this study, we present descriptive data specific to children's knowledge of abuse, acquisition of self-

protective skills, self-efficacy, identifying strangers, and anatomy. On average, students in the current study were 10 years of age (Range = 9–12 years old, SD = .77). Girls made up 62.5% ( $n = 30$ ) of the sample. The majority of the sample identified as American Indian/Native American (98%).

### **Procedures**

Written guardian consent and participant assent were required for children to complete the surveys. We invited all 181 students enrolled in grades 4th or 5th at the beginning of the fall 2018 semester to participate in the study. We used intensive recruitment procedures such that the consent forms were sent to guardians in multiple ways (i.e., via their students from school, mailings) and we called households in which consent forms had not been returned. We also had multiple ways in which the consent forms could be returned (e.g., e-mail, text, in-person). We received 54.1% ( $n = 98$ ) of the consent forms back, and 89 students had parental permission to take the survey. Sixty-seven children completed the baseline survey, 60 children completed the posttest survey, and 48 children completed both the baseline and posttest surveys. During data collection, only one child declined to participate (during the baseline). The rest of the eligible participants were not in class at the time of the surveys (e.g., absent from school, with the school nurse). We surveyed 53.9% ( $n = 48$ ) of eligible participants during both the pre- and posttest surveys. Four children were withdrawn from program participation by their guardian and instead engaged in an alternative activity (e.g., reading books) while programming was occurring. The remaining 177 children who did not participate in the surveys participated in the *IMpower* program. Our sample was similar to the larger student body in terms of race, but our sample was slightly over-represented in girls compared to the larger student body.

A trained research staff member read assent forms aloud to the children immediately prior to surveying. The surveys were administered on school computers. A trained researcher read each item aloud and ensured that all children had completed an item before moving onto the next one. In every classroom, additional researcher staff members were on hand to assist children with the survey (if needed) and to manage classroom behavior. Survey administration took between 20 and 40 minutes. Students received a small incentive (e.g., fruit snack, pencil) and were entered to win a 100 USD gift card for participating in the survey.

### **Measure**

The Children's Knowledge of Abuse Questionnaire (CKAQ) was used as the main outcome measure and is a standardized tool that assesses knowledge of child sexual abuse prevention concepts and skills that could prevent abuse

(Tutty, 1995). The CKAQ was administered at both baseline and the follow-up. In the current study, we utilized 23-items from the CKAQ inappropriate touch subscale to assess children's ability to recognize unsafe touches, situations, and people. Children were asked to respond to each item with a "yes or thumbs up" or "no or thumbs down." The "thumbs up" and "thumbs down" were visual pictures next to "yes" and "no," respectively. Items were scored as either 0 (incorrect response) or 1 (correct response). The internal consistency of the CKAQ was .59 at baseline and .64 at the posttest. In addition to examining overall changes on the CKAQ, we also examined changes at the item level and grouped these items based on recommendations provided by Holloway and Pulido (2018): personal agency regarding grownups; personal agency regarding trusting feelings; what to do if a not safe touch happens; unsafe touch from a familiar person; and not categorized. Also, we added several items to the CKAQ based on the goals of the *IMpower* curriculum (subscale named- *IMpower*-specific items). Finally, at the follow-up survey, we asked children if they felt the *IMpower* class would help them stay safe and if they liked the *IMpower* class.

### **Analytic strategy**

Data are included from the children that completed both the baseline and posttest surveys ( $n = 48$ ). A dependent sample t-test was conducted to examine pre- to posttest changes in the total CKAQ score. Item-level data were analyzed by conducting McNemar's tests on each item to determine change in the proportion of correct responses (marginal frequencies). The McNemar test is best suited to assess change in dichotomous indicators within matched pair samples that include the participant as their own control with a nominal response scale (Holloway & Pulido, 2018; Siegal, 1956). Descriptive statistics were used to report children's acceptability of the program.

### **Results**

Mean scores increased significantly from baseline ( $M = .72$ ,  $SD = .154$ ) to posttest ( $M = .78$ ,  $SD = .118$ ) on the full CKAQ subscale,  $t(1, 47) = -3.49$ ,  $p < .001$ , Cohen's  $d = .489$ , as well as on several of the individual CKAQ indicators (Table 1) illustrating an overall increase in the knowledge that was retained at least 6 months post-programming. More specifically, at the item level we saw significant increases in knowledge specific to personal agency relative to adults, personal agency regarding trusting feelings, and knowledge regarding strangers. Relative to the *IMpower*-specific items, there was a significant increase in the proportion of children who felt that they knew how to break free if someone bigger than them were to grab them from baseline 75.6% to

**Table 1.** Changes in Inappropriate Touch Items and Programming Items from Pre- to Post-Intervention.

|   | N  | T1%  | T2%   | % change from T1 to T2 |
|---|----|------|-------|------------------------|
| <b>Category 1: Personal Agency re: grown ups</b>  |    |      |       |                        |
| Sometimes it's OK to say "no" to a grown-up.  | 45 | 86.7 | 97.8  | 11.1+                  |
| If a grown-up tells you to do something you always have to do it. [R]   | 46 | 43.5 | 82.6  | 39.1***                |
| You have to let grown-ups touch you whether you like it or not. [R]   | 43 | 86.0 | 88.4  | 2.3                    |
| If your baby-sitter tells you to take off all your clothes but it's not time to get undressed for bed, you have to do it. [R]               | 46 | 95.7 | 100.0 | 4.3                    |
| <b>Category 2: Personal Agency re: trusting feelings</b>  |    |      |       |                        |
| You always have to keep secrets. [R]  | 46 | 58.7 | 84.8  | 26.1**                 |
| If someone touches you in a way you don't like, it's your own fault. [R]  | 43 | 88.4 | 100.0 | 11.6+                  |
| Some touches start out feeling good then turn confusing.  | 46 | 52.2 | 67.4  | 15.2                   |
| You can trust your feelings about whether a touch is good or bad.   | 42 | 92.9 | 90.5  | -2.4                   |
| Boys don't have to worry about someone touching their private parts. [R]  | 41 | 70.7 | 65.9  | -4.9                   |
| <b>Category 3: What to do if a not safe touch happens</b>   |    |      |       |                        |
| It's OK to say "no" and move away if someone touches you in a way you don't like.   | 45 | 88.9 | 91.1  | 2.2                    |
| If someone touches you in a way you don't like, you should not tell anyone.   | 41 | 68.3 | 70.7  | 2.4                    |
| If you don't like how someone is touching you, it's OK to say "no".   | 45 | 86.7 | 95.6  | 8.9                    |
| If someone touches you in a way that does not feel good you should keep on telling until someone believes you.                              | 43 | 95.3 | 88.4  | -7.0                   |
| If someone walks in while you are having a bath, and you feel uncomfortable, you should just keep quiet. [R]                                | 44 | 59.1 | 81.8  | 22.7**                 |
| <b>Category 4: Unsafe touch from a familiar person</b>  |    |      |       |                        |
| Even hugs and tickles can turn into bad touches if they go on too long.   | 45 | 84.4 | 84.4  | 0.0                    |
| Even someone you like could touch you in a way that feels bad.  | 43 | 46.5 | 30.2  | -16.3                  |
| Sometimes someone in your family might touch you in a way you don't like.   | 44 | 38.6 | 54.5  | 15.9                   |
| Even someone in your family might want to touch your private parts in a way that feels confusing.   | 43 | 30.2 | 39.5  | 9.3                    |
| <b>Inappropriate Touch questions not categorized</b>  |    |      |       |                        |
| If your friend says they won't be your friend anymore if you don't give them your last piece of candy, then you should give it to them. [R] | 48 | 77.1 | 87.5  | 10.4                   |
| If a mean kid at school orders you to do something, you had better do it. [R]   | 44 | 95.5 | 97.7  | 2.3                    |
| Strangers look like normal people.  | 44 | 22.7 | 50.0  | 27.3*                  |
| You can always tell who's a stranger—they look mean. [R]  | 43 | 18.6 | 32.6  | 14.0                   |
| A stranger is someone you don't know, even if they say they know you.   | 44 | 31.8 | 54.5  | 22.7*                  |
| Sometimes someone in your family might touch you in a way you don't like.   | 44 | 38.6 | 54.5  | 15.9                   |
| <b>IMpower-specific items</b>   |    |      |       |                        |
| I know what my private parts are  | 46 | 97.8 | 100.0 | 2.2                    |
| If someone touches you in a way you don't like, you would be unsure how to stop it. [R]   | 41 | 51.2 | 61.0  | 9.8                    |
| If someone touches you in a way you don't like, you know moves or words to make them stop.  | 42 | 85.7 | 95.2  | 9.5                    |
| If someone bigger than you grabs you, you know how to break free.   | 41 | 75.6 | 95.1  | 19.5*                  |
| If someone who is a bigger size than you is trying to hurt you, there is nothing you can do. [R]  | 42 | 78.6 | 85.7  | 7.1                    |

[R] indicates that the item that was reverse coded. Bolded values indicate significant differences. +*p* <.10, \**p* <.05, \*\**p* <.01, \*\*\**p* <.001

follow-up 95.1%. Finally, 83.3% percent of participants reported that they liked the *IMpower* classes and 95.8% of participants felt that the *IMpower* classes would help them stay safe.

## Discussion

The present study evaluated 4th and 5th grade student's knowledge of abuse before and after the implementation of a CSA prevention program on an



Indian Reservation in the Great Plains. Data analyses revealed that children's knowledge of abuse relative to inappropriate touching, in total, increased with a moderate effect size. Individual knowledge items were also assessed to gauge what areas of children's knowledge relative to inappropriate touching were specifically enhanced.

The findings revealed significant gains in some, but not all, of the knowledge items. The most prominent changes were in personal agency regarding adults, personal agency regarding trusting one's feelings, and identifying strangers, suggesting that the program led to increased feelings of empowerment among children. Relative to personal agency regarding adults, almost the entire sample correctly answered that it was okay to say no to a grown-up. This perhaps reflects the fact that children recognize that they have a voice in what happens to them and are cognizant of the fact that they can say no to people, even if they are older. In the same vein, the largest proportional change was relative to the indicator, "If a grown-up tells you to do something you always have to do it," suggesting that children's knowledge of personal agency increased significantly from baseline to posttest. The importance of children finding their voice relates to the participating Tribes values of bravery and perseverance.

Additional gains were seen in some of the personal agency regarding trusting one's feelings (e.g., not having to keep secrets, that it is not your fault if someone touches you in a way you do not like). These changes suggest that children learned that they can trust themselves to make decisions about their own bodies. The *IMpower* program curriculum emphasizes self-preservation and self-defense thus, gains on these items are in line with the overarching goals of the programming. Knowledge of strangers increased from baseline to posttest; however, the proportion of accurate responses relative to the entire sample was still low. This is an interesting finding that warrants future research. More research is needed to better understand the ways in which American Indian children who live on reservations located in highly rural areas of the country understand the concept of strangers. A limitation of the current study is that although we used a wide measure of knowledge of CSA (i.e., CKAQ), we did not pretest the CKAQ via cognitive interviewing with American Indian children prior to the launch of the project. Research suggests that the majority of acts of CSA are perpetrated by individuals known to children, including American Indian children (Finkelhor et al., 2008; Robin et al., 1998).

Of the 23 items assessed in the current study, more than a third of children answered 12 items at baseline accurately. This finding suggests that for many items, children already possessed knowledge of various forms of personal agency including agency toward adults, trusting feelings, and disclosure, what to do when an unsafe touch happens, and recognizing unsafe touches from familiar people. It is also important to note, that while knowledge at baseline was high on nearly half of the indicators, CSA is high among



American Indian populations and concepts themselves are not enough to stop CSA, and thus prevention efforts that focus on perpetrators and adult bystanders are absolutely critical (Landers et al., 2017).

In addition to the promising quantitative findings, descriptive statistics suggest that the vast majority of children reported that they liked the program and that the program helped to keep them safe, which is a hopeful finding and suggests that *IMpower* warrants further evaluation with American Indian children. Although the ultimate goal of *IMpower* is to reduce rates of CSA, documenting acceptability in this initial study, as well as the extent to which felt that the skills they learned would help keep them safe, is a critical foundation on which future efficacy studies can build.

There are several limitations to the current study that warrant discussion. First, the sample for the current study is small. While over 60 children took the baseline or posttest survey, the number of children who took both surveys was smaller. Students who did not take the survey, due to absenteeism, may be more at risk for CSA, in addition to students who did not receive consent to take the survey. The low response rate may also limit the generalizability of the findings. Also, we used a non-randomized control design and thus we cannot infer causality. Further, there was low internal consistency on the overall measure of the CKAQ, and this instrument has not been validated previously among American Indian children. Yet, the CKAQ has also been used widely in several cross-cultural contexts (Dunn, 2011; Gangos et al., 2019; Yilmaz & Önder, 2020) with limited adaptation (e.g., translating the items); nevertheless, we did not pilot the measure to examine the extent to which the items may have needed be adapted for the population under study. More research is needed to ensure that the most accurate measures are used when assessing CSA among American Indian children. Finally, we only had one scale assessing outcomes and did not measure other indicators of program success, such as actual reductions in the incidence rate of CSA.

Despite these limitations, these findings have important implications. Findings indicated that *IMpower* was effective at improving participant's CSA knowledge, which could translate into increases in self-protective strategies and ultimately lower rates of CSA, a critical area for future research. Future research is also needed to determine the extent to which existing CSA prevention programs need to be culturally adapted for American Indian youth. For example, in a study of middle and high school girls, connection to culture was found to be a protective factor for experiencing some forms of victimization (Edwards et al., 2020). Given that CSA is inextricably linked to experiences of historical trauma, including the break-down of the traditional family, CSA prevention efforts, including *IMpower*, would likely be enhanced if programming included strategies to increase connection to culture, including restoring aspects of the traditional American Indian family. This suggestion aligns with increasing calls to ground prevention across a variety of public

health issues for American Indians in culture, traditions, and language (Stringer, 2018). In closing, these data provide important preliminary evidence regarding the acceptability and efficacy of a CSA prevention program for American Indian children.

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## Disclosure of Interest

We have no conflicts of interest to disclose.

## Ethical Standards and Informed Consent

All procedures followed were in accordance with the ethical standards of the responsible committee on human experimentation [institutional and national] and with the Helsinki Declaration of 1975, as revised in 2000. Informed consent was obtained from all patients for being included in the study.

## Notes on contributors

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